

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF HAGEDORN

ADDRESS (number and street)

11 CIVIC CENTER PLZ STE 007

Check if different
than previously
reported. (ACC)

MANKATO

MN

56001-7710

2. FEC IDENTIFICATION NUMBER ▼

C

C00550707

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DOUGLAS R HITZEMANN

Signature of Treasurer

DOUGLAS R HITZEMANN

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	36590.00	36590.00
(b) Total Contribution Refunds (from Line 20(d))	50.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	36540.00	36540.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20541.85	20541.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	20541.85	20541.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15998.15	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 23

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

32840.00

32840.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions
from individuals

32840.00

32840.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

3750.00

3750.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

36590.00

36590.00

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

0.00

0.00

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4).....**

36590.00

36590.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20541.85	20541.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	50.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	50.00	50.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20591.85	20591.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36590.00
25. SUBTOTAL (add Line 23 and Line 24).....	36590.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20591.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15998.15

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 23

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

MARK BRASHER

Mailing Address 13913 ALMOND GROVE

City

CORONA

State

CA

Zip Code

92880

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNDER THE MANGO TREE

Occupation

OWNER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

NOEL COLLIS

Mailing Address 811 SE 2ND ST

City

LITTLE FALLS

State

MN

Zip Code

56345

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

DOCTOR

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2013

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

NOEL COLLIS

Mailing Address 811 SE 2ND ST

City

LITTLE FALLS

State

MN

Zip Code

56345

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

DOCTOR

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

2900.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

VELMA COLLIS

A.

Mailing Address PO BOX 129

City

LAKE CRYSTAL

State

MN

Zip Code

56055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2013

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

VELMA COLLIS

B.

Mailing Address PO BOX 129

City

LAKE CRYSTAL

State

MN

Zip Code

56055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

MARK DAVIS

C.

Mailing Address PO BOX 558

City

ST PETER

State

MN

Zip Code

56082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DAVISCO

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2013

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

2650.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) MARK DAVIS			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>06</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	11		06		2013
M M	/	D D	/	Y Y Y Y										
11		06		2013										
Mailing Address PO BOX 558			Transaction ID : SA11AI.4126											
City ST PETER	State MN	Zip Code 56082	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2600.00</td> </tr> </table>		2600.00									
2600.00														
FEC ID number of contributing federal political committee. C		[MEMO ITEM]												
Name of Employer DAVISCO		Occupation CEO												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">5250.00</td> </tr> </table>			5250.00									
5250.00														
B. Full Name (Last, First, Middle Initial) JOHN DREYLINGER			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	12		31		2013
M M	/	D D	/	Y Y Y Y										
12		31		2013										
Mailing Address 1700 TRENTON DR			Transaction ID : SA11AI.4160											
City ALEXANDRIA	State VA	Zip Code 22308	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">700.00</td> </tr> </table>		700.00									
700.00														
FEC ID number of contributing federal political committee. C														
Name of Employer RETIRED														
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">700.00</td> </tr> </table>			700.00									
700.00														
C. Full Name (Last, First, Middle Initial) G.M. ENGER			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>12</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	11		12		2013
M M	/	D D	/	Y Y Y Y										
11		12		2013										
Mailing Address PO BOX 53			Transaction ID : SA11AI.4129											
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00														
FEC ID number of contributing federal political committee. C														
Name of Employer SELF		Occupation APPRAISER												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														
SUBTOTAL of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">1200.00</td> </tr> </table>		1200.00									
1200.00														
TOTAL This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

CURTIS FISHER

A.

Mailing Address 53796 194TH LN

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

BILL FITZSIMMONS

B.

Mailing Address 15135 550TH AVE

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

FARMER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

GINA FITZSIMMONS

C.

Mailing Address 54440 148TH ST

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

GINA FITZSIMMONS**A.**

Mailing Address 54440 148TH ST

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

JOHN FITZSIMMONS**B.**

Mailing Address 14259 550TH AVE

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

PROTEIN SOURCES

GENERAL MANAGER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MARK FITZSIMMONS**C.**

Mailing Address 60120 206TH ST

City

EAGLE LAKE

State

MN

Zip Code

56024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

PROTEIN SOURCES

VETERNARIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

PAT FITZSIMMONS

A.

Mailing Address 72515 237TH ST

City

DASSEL

State

MN

Zip Code

55325

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
FARM MANAGEMENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		13		2013

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PAT FITZSIMMONS

B.

Mailing Address 72515 237TH ST

City

DASSEL

State

MN

Zip Code

55325

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
FARM MANAGEMENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

PAUL FITZSIMMONS

C.

Mailing Address 54440 148TH ST

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
PARTNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		07		2013

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

RICHARD FITZSIMMONS

A.

Mailing Address 14445 550TH AVE

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
PARTNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

DAVID HERMEL

B.

Mailing Address 100 OAK TERRACE CT

City

NO MANKATO

State

MN

Zip Code

56003

FEC ID number of contributing
federal political committee.

C

Name of Employer
A H HERMELOccupation
CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2013

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

ADAM HOLLERICH

C.

Mailing Address 12401 542ND AVE

City

AMBOY

State

MN

Zip Code

56010

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

ROBERT KREKLAU**A.**

Mailing Address 2117 BARGAMIN LOOP

City

CROZET

State

VA

Zip Code

22932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2013

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MATTHEW LUCAS**B.**

Mailing Address PO BOX 189

City

FREE UNION

State

VA

Zip Code

22940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TELE STRATEGIES, INC

OWNER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2013

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

TRACIE MENSINK**C.**

Mailing Address 17844 LONESOME RD

City

PRESTON

State

MN

Zip Code

55965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MENSINK FARMS

FARMER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2013

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

1050.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

JERRY PAPENFUSS**A.**

Mailing Address PO BOX 767

City

WINONA

State

MN

Zip Code

55987

FEC ID number of contributing
federal political committee.

C

Name of Employer
WINONA RADIOOccupation
CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2013

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

FRANK PIERUCCINI**B.**

Mailing Address 871 FORESTVILLE MEADOWS DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPPAPORT MGMTOccupation
ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2013

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

FRANK PIERUCCINI**C.**

Mailing Address 871 FORESTVILLE MEADOWS DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPPAPORT MGMTOccupation
ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

1500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. BRON SCHERER

Mailing Address 617 TURNBERRY CT

City

NORTHFIELD

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

PREMIER BUSINESS SERVICES

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		01		2013

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BRON SCHERER

Mailing Address 617 TURNBERRY CT

City

NORTHFIELD

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

PREMIER BUSINESS SERVICES

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		20		2013

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. GENIENE SCHERER

Mailing Address 617 TURNBERRY CT

City

NORTHFIELD

State

MN

Zip Code

55057

FEC ID number of contributing
federal political committee.

C

Name of Employer

PROTEIN SOURCES

Occupation

MANAGEMENT CONSULTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		01		2013

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
MEGAN SCHWANZ

Mailing Address 101 HILLTOP ST

City State Zip Code
VERNON CENTER MN 56090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WORK FORCE RESOURCES HR CONSULTANT

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2013

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

255.00

B. Full Name (Last, First, Middle Initial)
MARK SHALTANIS

Mailing Address 2336 MORGAN LANE

City State Zip Code
DUNN LORIN VA 22027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ST PAUL'S LUTHERAN CHURCH MINISTER

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		09		2013

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DANIEL SOHRE

Mailing Address 305 SMITH CT.

City State Zip Code
MAPLETON MN 56065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PROTEIN SOURCES ACCOUNTANT

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1755.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

GLEN TAYLOR**A.**

Mailing Address 1 TAYLOR LANE

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer
TAYLOR COMPANIESOccupation
CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

KAREN UETRECHT BURST**B.**

Mailing Address 219 N EDISON ST

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

Name of Employer
US DEPARTMENT OF AGRICULTUREOccupation
AGRICULTURE SPECIALIST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

UNITEMIZED UNITEMIZED**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional).....

1600.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

UNITEMIZED UNITEMIZED**A.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3985.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period

3285.00

Full Name (Last, First, Middle Initial)

KENNETH WILMES**B.**

Mailing Address 58928 211TH LANE

City

State

Zip Code

MANKATO

MN

56001

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

INDUSTRIAL FABRICATION SERVICE

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2013

Transaction ID : SA11AI.4103

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

3535.00

TOTAL This Period (last page this line number only).....

32840.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)
JAMES HAGEDORN

Mailing Address **PO BOX 63**

City State Zip Code
BLUE EARTH MN 56013

FEC ID number of contributing
federal political committee.

C **H0MN01045**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3750.00

Date of Receipt

12 / 31 / 2013

Transaction ID : **SA11D.4265**

Amount of Each Receipt this Period

3750.00

In-kind - mileage

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

3750.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. AMBIENT LIGHT STUDIOS

Mailing Address 310 MAIN ST NE

City	State	Zip Code
MAPLETON	MN	56065

Purpose of Disbursement
ADVERTISING EXPENSES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2013

Amount of Each Disbursement this Period

351.94

Transaction ID : SB17.4186

B. AMBIENT LIGHT STUDIOS

Mailing Address 310 MAIN ST NE

City	State	Zip Code
MAPLETON	MN	56065

Purpose of Disbursement
ADVERTISING EXPENSES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2013

Amount of Each Disbursement this Period

110.00

Transaction ID : SB17.4192

C. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2013

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4189

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2461.94

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4194

B. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2013

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4204

C. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

1650.00

Transaction ID : SB17.4206

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4212

B. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2013

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4214

C. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2013

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4208

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - mileage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

State: MN District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 31 / 2013

Amount of Each Disbursement this Period

3750.00

Transaction ID : SB17.4266

B. P2B STRATEGIESMailing Address 4750 E 53RD ST
SUITE 206

City	State	Zip Code
MINNEAPOLIS	MN	56001

Purpose of Disbursement
CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 23 / 2013

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.4198

C. DIANA PETERSON

Mailing Address

City	State	Zip Code
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Purpose of Disbursement
CONSULTANT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 25 / 2013

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4201

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6400.00

